



# Fond du Lac School District

72 W. Ninth Street, Fond du Lac, WI 54935  
(920) 906-6548 Fax: (920) 906-6563  
Marian Sheridan, RN: Coordinator of SHP

## INFORMED CONSENT TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

### 1. Regarding Student:

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_ Maiden/Previous Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 2. Release From:

YScreen 906-6777  
Name (business, physician, etc.) Telephone  
801 Campus Drive Fond du Lac WI 54935  
Street Address City State Zip  
Attention: \_\_\_\_\_

### 3. Release To:

\_\_\_\_\_  
Name (business, physician, therapist etc)  
\_\_\_\_\_  
Street Address City State Zip  
Attention: \_\_\_\_\_

### 4. Specific type of information to be disclosed: YScreen results

In the form of: ☒ Photocopies ☒ Verbal Communication ☒ Inspection ☒ Other ó See #4

### 5. ☒ Disclosure includes future records regarding my services until the date or condition of expiration

6. Purpose or need for disclosure/exchange: ☐ Education Programming ☐ Speech & Language ☒ Psychological  
☐ Occupational/Physical Therapy ☐ School Health Program/Vision/Audiologist ☐ Other \_\_\_\_\_

7. This consent will remain in effect until : ☐ Above request is processed  
☒ Additional time period this authorization is valid: \_\_\_\_\_  
(one year maximum)

**Student/Parent Rights** (please read before signing): You may request multiple releases of information identified on this authorization form. You may receive a copy of this authorization. Fond du Lac School District does not condition treatment, or eligibility for benefits based on the signing of this authorization. You have the right to inspect and receive a copy of the material to be disclosed in accordance with District policies. The District may charge for photocopies based on School Board policies. You may revoke this authorization at any time (except to the extent that the District has already acted in reliance upon it), by written notice to Fond du Lac School District.

Attention: Privacy Officer. If the person or organization requesting this information is not subject to the federal privacy standards, the information disclosed pursuant to this authorization may no longer be protected by the federal privacy standards. A photocopy of this authorization shall be as valid as the original.

I hereby release the Fond du Lac School District from all legal responsibilities or liability that may arise from this act of disclosure.

**Student Signature:** \_\_\_\_\_  
(If 18 yrs. or older)

**Date:** \_\_\_\_\_

**Authorized Person:** \_\_\_\_\_  
(Parent or Guardian)

**Relationship:** \_\_\_\_\_

**Witness:** \_\_\_\_\_